

APPLICATION FOR CHIROPRACTIC INTERN PERMIT

Instructions

Please complete this form by providing the requested information. Both signatures must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. Failure to provide the requested information will result in the return of your application.

INTERN REGISTRATION. Any person who has completed the required course of study from an acceptable school of chiropractic, but has not yet served their chiropractic internship, may register with the board and be granted a permit to serve an internship in Idaho in accordance with board rules and upon the following conditions:

1. The applicant must submit this completed registration application to the board and submit a fee of \$50.00; and
2. Obtain certification from an Idaho licensed chiropractic physician that the applicant will practice chiropractic only under the direct and immediate supervision of said physician and only in the office of said physician.
(see §54-711., Idaho Code)

NOTE: IT IS UNLAWFUL TO PRACTICE CHIROPRACTIC, OR ADVERTISE AS A CHIROPRACTIC PHYSICIAN, OR USE ANY WORD OR TITLE OR ABBREVIATION TO INDICATE CHIROPRACTIC LICENSURE OR PRACTICE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE. ANY VIOLATION MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (See §54-705. & 708., I.C.)

Please mail your completed application and attachments to:

**IDAHO STATE BOARD OF CHIROPRACTIC PHYSICIANS
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

E-MAIL chi@ibol.state.id.us

WEB <https://www.ibol.idaho.gov/chi.htm>

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR CHIROPRACTIC INTERNSHIP

A permit fee of \$50.00 must be submitted with this application.

I hereby submit my qualifications to the Idaho State Board of Chiropractic Physicians for a permit to serve a Chiropractic Internship in Idaho under the provisions of §54-711, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Address of Record** _____
(The above address is public record) Street _____ City _____ State _____ Zip _____
3. **Mailing address** _____
(The above address is not public record) Street _____ City _____ State _____ Zip _____
4. **Supervisor's Name** _____ **License #** _____
5. **Place of Business** _____
6. **Mailing address** _____
 Street/PO Box _____ City _____ State _____ Zip _____
7. **Home phone** _() _____ **Business phone** _() _____ **E-mail** _____
8. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
 month day year
9. **School of Chiropractic attended** _____

AFFIDAVIT

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Laws and Rules and the adopted Scope of Practice governing the practice of Chiropractic in Idaho. I further certify that I understand the obligations required by §54-711, Idaho Code, and will conduct my internship in the above named facility under the direct and immediate supervision of the above named supervisor. I acknowledge that I have completed the required course of study but have not yet graduated from an acceptable school of chiropractic and that the internship for which I am applying will expire on the date of my graduation. I understand that the internship shall become immediately null and void in the event I am determined to be ineligible for licensure

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

(continued)

ADDENDUM 1
(to be completed by Supervisor)

SUPERVISOR'S AFFIDAVIT

I hereby certify that I have read and will abide by the obligations and requirements of the Idaho Chiropractic Physician Laws & Rules, and that I will serve as supervisor for _____. I understand that my responsibilities of supervision will be in effect until the applicant graduates from chiropractic college or until my submission of written notice of termination by certified mail to the Idaho State Board of Chiropractic Physicians. I further understand that my supervision shall immediately cease and the applicant's internship shall become immediately null and void in the event the applicant is determined to be ineligible for licensure.

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
residing at _____

ADDENDUM 2
(to be completed by Chiropractic College)

I hereby certify that _____, has completed the required course of
Name of Applicant

study from _____, but has not yet graduated. As
Name of Institution

a requirement of graduation, the above named student must serve a chiropractic internship for a period of not less than
_____ months. Pending successful completion of that internship, the applicant is on schedule to graduate on

Date of Graduation

(Official Institution seal)

Registrar Signature

Print Registrar Name